

# Escrow Agent Quarterly Report Form

State of Washington  
Department of Financial Institutions  
Securities Division  
P.O. Box 9033  
Olympia, WA 98507-9033

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Escrow Agent Name: \_\_\_\_\_ Report for Quarter Ended: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## **Trust Account Information**

Trust Account Number: \_\_\_\_\_ Bank/Location: \_\_\_\_\_

(If more than one trust account is used, insert all trust account numbers and answer the questions below for all accounts. In the alternative, separate Quarterly Report Forms may be submitted for each trust account.)

- How often is the above trust account reconciled? \_\_\_\_\_
- As of what date was the above trust account last reconciled? \_\_\_\_\_
- As of the last reconciliation date, did the above trust account's bank balance reconcile to the trial balance of your outstanding trust liability?

Yes \_\_\_\_\_ No \_\_\_\_\_

Note: By "reconcile" we mean that you have identified and corrected all differences between the bank balance and the trial balance.

- If your answer to the above question is "No" identify the dollar amount outstanding of any and all differences not corrected.

\$ \_\_\_\_\_ Attach an explanation of the actions you will take to identify and correct all differences.

- Do you have any individual escrow accounts with negative balances? Yes \_\_\_\_\_ No \_\_\_\_\_
- As of the last reconciliation date, did the dollar amount of the total outstanding trust liability equal the dollar amount of the trial balance total for all escrows with remaining balances?

Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is no, please attach a detailed explanation.

## **Certification**

This form section must be signed by the Designated Escrow Officer, certifying as to the accuracy of the trust account responses and information provided.

**I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Place*

## **Escrow Agent Operations**

Since the date of the last quarterly report submitted to DFI:

	Yes	No
Has there been any material adverse change in the financial condition of the above named escrow agent that may affect its ability to perform its ongoing obligations to its client?	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named as a defendant in any criminal proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been notified or become aware that they are the subject of any investigation or enforcement action by any state or federal regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named in any lawsuit related to the escrow agent's activities?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in the ownership of the above named escrow agent?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any changes in the address of the above escrow agent's main office or any branch office locations, or have any offices opened or closed?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in the location of the books and records maintained by the above escrow agent?	<input type="checkbox"/>	<input type="checkbox"/>
Has the above escrow agent's fidelity bond, errors and omissions coverage or surety coverage (if applicable) expired or been cancelled, or has the escrow agent taken any action that violates any of the terms of coverage?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions about escrow agent operations, attach to this report a detailed explanation of the events that have occurred.

## **Certification**

This form section must be signed by an officer of the escrow agent, certifying as to the accuracy of the operational responses and information provided.

**I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Place*

## **Escrow Agent Operational Data (Optional)**

Please provide the following data, by month, for the period since the last quarterly report was submitted.

Insert month and year:			
Number of escrow accounts closed			
Gross dollar amount of total funds received			
Gross dollar amount of total funds disbursed			
Gross fees earned (before sales tax)			